

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000266619

Entity Name: 509 CAREGIVERS LLC

Current Principal Place of Business:

6607 WILLOW STREET
ZELLWOOD, FL 32798

Current Mailing Address:

6607 WILLOW STREET
MOUNT DORA, FL 32757

FEI Number: 88-2803335

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ST PIERRE, MARQUIS
6607 WILLOW ST
ZELLWOOD, FL 32798 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	BROWN, JOLENA C	Name	BROWN, JONNELL M
Address	6607 WILLOW STREET	Address	6607 WILLOW STREET
City-State-Zip:	ZELLWOOD FL 32798	City-State-Zip:	ZELLWOOD FL 32798

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOLENA C BROWN

MISS

03/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date